



**Form B:**  
**Principals and Controlling Parties**

**CANNABIS CONTROL BOARD**  
89 Main Street Montpelier, VT 05602 | [ccb.vermont.gov](http://ccb.vermont.gov)

**Note: One form must be completed for each principal and controlling party of the cannabis establishment**

Is this form for a:     Principal                       Controlling Person                       Controlling Entity

**Note: If being completed for a Controlling Entity (Business A), Form B must also be completed for all controlling persons and entities of Business A.**

**Part 1: Contact Information**

Legal Name: \_\_\_\_\_

Other Name/Alias: \_\_\_\_\_

Fed. Tax ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Military Status (optional):  Active Duty  
 Veteran  
 Neither

Are you disabled? (optional):  Yes  No

What is your race? (optional):  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Latino  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other  
 Choose not to disclose

Gender (optional): \_\_\_\_\_

Is this person a controlling interest holder in a past or present cannabis-related business in another jurisdiction?

Yes – Please upload documentation of this relationship when submitting Form B

No

**Part 2: Background Check**

1. If applicable, please provide a description below of any civil action in any jurisdiction that resulted in a conviction, guilty plea, plea of nolo contendere or admission to sufficient facts.

If not applicable, please select:  N/A

2. If applicable, please provide a description below of any criminal action in any jurisdiction that resulted in a conviction, guilty plea, plea of nolo contendere or admission to sufficient facts.

If not applicable, please select:  N/A

3. If applicable, please provide a description below of any civil action that was commenced or resolved in the preceding 10 years in any jurisdiction in which the applicant was a named party.

If not applicable, please select:  N/A

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4. If applicable, please provide a description below of any disciplinary action taken against a license, registration, or certification held by the applicant in any jurisdiction, such as a suspension or revocation, including, but not limited to, a license to prescribe or distribute controlled substances.

If not applicable, please select:  N/A

5. If applicable, please provide a description below of any license denial and the reason for denial in any jurisdiction.

If not applicable, please select:  N/A

